

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 18/506,219 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		12					53						
4		121					54						
5		10					55						
6		106					56						
7		16					57						
8		10					58						
9		12					59						
10		101					60						
11		10					61						
12		101					62						
13		10					63						
14		11					64						
15		10					65						
16		11					66						
17		10					67						
18		101					68						
19		10					69						
20		101					70						
21	1						71						
22		10					72						
23		101					73						
24		101					74						
25		10					75						
26		101					76						
27		10					77						
28		101					78						
29		10					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	27	←		←		←	TOTAL DEP.	←		←		←	←
TOTAL CLAIMS	29						TOTAL CLAIMS						

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